

**DEPARTMENT OF HEALTH SERVICES**

MEDI-CAL BENEFITS BRANCH

MEDI-CAL POLICY DIVISION

714/744 P Street, Room 1640

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December 9, 1999

TO: All Local Educational Consortias (LEC)  
Local Governmental Agencies (LGA)  
Medi-Cal Administrative Activities (MAA) and  
Target Case Management (TCM) Coordinators

**PPL 99-008****SUBJECT: TRANSPORTATION INSTRUCTIONS**

This transmittal provides instructions to Local Educational Consortias (LEC) and Local Governmental Agencies (LGA) on how to submit documentation for claiming Medi-Cal Non-Emergency, Non-Medical Transportation through the Medi-Cal Administrative Activities (MAA) program.

As instructed in the LEC and LGA provider manuals each claiming unit to claim for Medi-Cal Non-Emergency, Non-Medical Transportation must submit the required documentation for this activity. Enclosed is an activity grid, description sheet of the activity and sample transportation cost-per-trip-calculation, which describes how the forms are to be completed. The cost-per-trip-calculation identifies total expenditures for the claiming unit. These forms are to be completed when claiming for Medi-Cal Non-Emergency, Non-Medical Transportation expenditures.

At this time, the Department of Health Services is working with the federal Health Care Financing Administration to resolve the many areas concerning claiming transportation through the MAA program. Both the LECs and LGAs should use the enclosed sample when claiming for Medi-Cal Non-Emergency, Non-Medical Transportation.

If you should have any questions concerning these policies, please contact Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627, or by email [achildres@dhs.ca.gov](mailto:achildres@dhs.ca.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read 'D Mitchell'.

David Mitchell, Chief

Enclosures

cc: See Next Page.

All Local Educational Consortias (LEC)  
Local Governmental Agencies (LGA)  
Medi-Cal Administrative Activities (MAA) and  
Target Case Management (TCM) Coordinators  
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cc: Ms. Cathleen Gentry  
Local Governmental Agency  
MAA/TCM Consultant  
455 Pine Avenue  
Half Moon Bay, CA 94109

Ms. Patricia Kinney, Chief  
Federal Liaison Unit  
714 P Street, Room 1140  
Sacramento, CA 95814

Mr. Larry Lee, Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento, CA 95814

Ms. Mickey Richie  
Local Liaison  
Office of the Director  
714 P Street, Room 1253  
Sacramento, CA 95814

# CLAIMING UNIT FUNCTIONS

(1) LOCAL GOVERNMENT AGENCY County Department of Public Health  
(COUNTY OR CHARTERED CITY)

SUBMITTAL DATE: 9/25/98

(2) NAME OF CLAIMING UNIT:	County Superintendent of Schools	3) NO. OF STAFF:	114
(4) ADDRESS			
(5) CONTACT PERSON: John			
(6) ADDRESS: (If different than above)		(7) PHONE NUMBER: 852-5811	
(8) DESCRIPTION OF CLAIMING UNIT FUNCTIONS:			

County Superintendent of Schools' Transportation Department arranges and provides non-emergency, non-medical transportation for students in the district. All students, including Medi-Cal students, are provided this transportation from their home to school, and back home. Attendants are provided by the Transportation Department for those students who require assistance while being transported.

(9) STAFF JOB CLASSIFICATIONS	(10) NUMBER OF STAFF		(11) MEDI-CAL ADMINISTRATIVE ACTIVITIES (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)						
	SPMP	NON SPMP		B	C	D	E	F	
Administrator		1				1			
Director of Transportation Services		1				1			
Secretary / Account Clerk II		2				2			
Transportation Operations Manager		1				1			
Planner / Scheduler / Dispatchers		4				4			
Transportation Field Supervisor		1				1			
Trainers		1				1			
Bus Drivers		83				83			
Transportation Aides		8				8			
Vehicle Maintenance Fleet Manager		1				1			
Mechanics		11				11			

A = Medi-Cal Outreach A (Not Discounted)  
B = Medi-Cal Outreach B (Discounted)  
C = Facilitating Medi-Cal Application (Not Discounted)  
D = Medi-Cal Non-Emergency, Non-Medical Transportation

E = Contracting for Medi-Cal Services  
F = Program Planning and Policy Development  
G = MAA/TCM Coordination and Claims Administration

DHS USE ONLY		
CP Reference No.	Original Approval Date	Amendment Approval Date

(D) **MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION**  
(Attach additional pages if needed. See descriptions and instructions)

Claiming Unit: County Superintendent of Schools  
Local Governmental Agency: County Department of Public Health

Submitted Date: 9/25/98

The Transportation Department of County Superintendent of Schools will arrange and provide non-emergency, non-medical transportation of Medi-Cal recipient students to the school site where they receive health services. Attendants will be provided as needed.

2) Transportation objectives are achieved as follows:

- a) Transportation department employees assist families in arranging students' daily transportation. Arranging includes establishing schedules and routes, monitoring all radio traffic of the bus drivers, contacting parents when there are changes in the schedule or routes, making arrangements when students are sick or injured and must go home early.

Transportation department employees provide transportation to and from school sites as scheduled.

- 3) The District is contracted with to provide electronic billing services for Medi-Cal Administrative Activities.

4) Method used to determine costs

- a) A cost per trip rate will be established for all students. Those receiving a Medi-Cal service at school that day will be directly charged to MAA.
- b) The cost per trip rate will be determined in the following manner: Identify actual expenses for the prior fiscal year; divide this amount by the number of students riding buses; divide this number by the number of days students rode buses in the previous fiscal year. This will provide a per day/per student rate, which when divided by 2, will equal the cost per trip per student. The per trip rate will then be multiplied by the actual number of trips to and from school on those days that students received Medi-Cal services at school (this will not include those billed for Medi-Cal transportation under LEA billing option).
- c) The actual costs will be determined by time survey allocation or direct charged for non-emergency, non-medical transportation of students.

Documents Required:

Duty Statements  
Sample cost per trip calculation  
1998 Report of Transportation Expenses (J-141)  
Billing service contract

**DHS USE ONLY**

CP Reference No.

Original Approval Date:

Amendment Approval Date:

COUNTY SUPERINTENDENT OF SCHOOLS  
TRANSPORTATION DEPARTMENT  
SAMPLE COST-PER-TRIP CALCULATION

PRIOR YEAR EXPENSES

Salaries	\$ 1,029,974
Benefits	677,429
Supplies (Including Fuel and Oil)	549,914
Travel, Conferences, Dues and Memberships	11,165
Insurance	52,494
Rental Expense (Including Buses)	47,320
Repairs / Maintenance	309,899
Other Services and Operating Expenses	66,422
Additional Equipment Other than Buses	<u>20,016</u>

TOTAL EXPENSES	<u><u>\$ 2,764,633</u></u>
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NUMBER OF TRANSPORTED STUDENTS	1,150
COST PER STUDENT / YEAR	\$ 2,404.03

NUMBER OF TRANSPORT DAYS / YEAR	180
COST PER STUDENT / DAY	\$ 13.36

NUMBER OF TRIPS / DAY	2
COST PER TRIP	<u><u>\$ 6.68</u></u>

SAMPLE BILLING

NUMBER OF TRIPS FOR MEDI-CAL SERVICES	53,820
(Estimate: 1150 Students x 180 days x 2 trips, x 65% Medi-Cal eligible, x 20% billable service trips) Estimate used for sample purposes only. Actual counts of eligible students and services will be used for billing.)	
MULTIPLIED BY COST PER TRIP RATE	<u><u>\$ 359,518</u></u>
REIMBURSEMENT REQUEST @ 50%	<u><u>\$ 179,759</u></u>